MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005732
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 601.

FILED FEB 27 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF
Length of stay in 1b: 47 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: WRIGHT
c. CITY OR TOWN: NORWOOD
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): GENERAL DELIVERY
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle ANDREW Last ROADLANDER

4. DATE OF DEATH: Month FEBRUARY Day 4 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: 1-16-02
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK
10b. KIND OF BUSINESS OR INDUSTRY: FOOD
11. BIRTHPLACE (City and state or country): NORWOOD, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLIE ROADLANDER
13b. MOTHER'S MAIDEN NAME: IDA KEYS
14. NAME OF HUSBAND OR WIFE: IDA ROADLANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 4-7-32 - 7-21-33
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: VA HOSPITAL RECORDS, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHRONIC, LYMPHOCYTIC, LEUKEMIA. — INTERVAL BETWEEN ONSET AND DEATH: 2 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [No]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from VA December 27, 1961 to February 4, 1962 and last saw her/him alive on
Death occurred at 5:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen
ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 2/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS: Russell Barber, Mtn Grove MO
25. DATE RECD. BY LOCAL REG.: 2/29 1962.
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eugene A. Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Rainier, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.